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TRANSMITTAL O	Docket No. 2600.112			
In R Application Of:	Joel R. Studin	JUN 17 2002		
Serial No. 10/022,216	Filing Date	TRADEMA	Examiner	Group Art Unit 1616
Title: METHOD AND C	COMPOSITION FOR	R THE TREATME	NT OF SCARS	RECEIVED
		Address to Assistant Commissio Washington, D	oner for Patents	TECH CENTER 160012900
		37 CFR 1.	97(b)	
application; before Action after the	ore the mailing of a fi filing of a request for	rst Office Action o continued examin 37 CFR 1.	n the merits, or before t ation under 37 CFR 1.1 97(c)	COPY OF PAPERS ORIGINALLY FILED
CFR 1.97(b), pr Final Action un	ovided that the Information of the contract of	rmation Disclosure a Notice of Allo	e Statement is filed bef	the period specified in 37 fore the mailing date of a 1.311, or an Action that
☐ the staten	nent specified in 37 (CFR 1.97(e);		
	OR			
☐ the fee se	et forth in 37 CFR 1.1	7(p).		

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.57(c))							Docket No. 2600.112		
In Re Application: Joel R. Studin									
Serial No.		Filing Date PADEMARKO Examiner					Group Art Unit		
10/022,21	6	December 20					1616		
METHOD AND COMPOSITION FOR THE TREATMENT OF SCARS COPY OF PAPERS ORIGINALLY FILED JUN 2 1 2002									
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) TECH CENTER 1600									
The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 502156 as described below. A duplicate copy of this sheet is enclosed. Charge the amount of Credit any overpayment. Charge any additional fee required. Certificate of Transmission by Facsimile* Certificate of Mailing by First Class Mail I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F Signature Signature Signature Signature of Person Mailing Correspondence Stuart D. Frenkel									
Typed or	Typed or Printed Name of Person Signing Certificate				Typed or Printed Name of Person Mailing Certificate				
*This certification of the street of the str	A I	y only be used if pa	aying by	Date	i: June 12, 2002				
3975 University Dr Fairfax, Virginia Phone (703) 246 - 9 cc:	rive, Sui 22030								